Effect of maternal obesity on lactation: systematic review

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Abstract

Objective: The short duration or lack of breastfeeding has been associated with maternal obesity. The purpose of this study was to systematically review prospective studies that assessed the effect of maternal obesity on lactation.

Methods: A search of studies was conducted in Pubmed, these included prospective studies on maternal obesity and initiation, intention and duration of breastfeeding: 653 articles were found, only seven were prospective studies. After adding other studies found by hand, a total of nine studies were analyzed.

Results: Three out of four papers observed a higher risk for delay lactogenesis among obese mothers, odds ratio ranging from 1.02 to 1.10. The study assessing the initiation of lactation showed that non-obese mothers initiated lactation sooner, OR: 0.39 (95% CI: 0.25-0.62). The overall risk for cessation of breastfeeding showed that obese mothers had higher risks of early cessation, HR: 1.50 (CI 95% 1.11-2.04). In one study it was observed that obese mothers were not more likely to never breastfeed, OR = 1.56 (95% CI: 0.97-1.50).

Conclusions: This review shows that in prospective studies, obese mothers are more likely to have delayed lactogenesis and reduced lactation. Therefore, weight control and breastfeeding promotion should be reinforced before and during pregnancy. In overweight and obese mothers, breastfeeding should be closely monitored after birth.

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Key words: Maternal obesity. Lactogenesis. Breastfeed.

Introduction

Obesity is a public health problem worldwide that demands important attention. It is considered a risk factor for the development of multiple chronic diseases such as hypertension, insulin resistance, diabetes and hyperlipidemia. Additionally, obesity has been associated with an increased risk for death. A recent study showed that the prevalence of obesity among pregnant women was 28.9%, a trend that continues to rise. Obesity during pregnancy has been associated with a number of complications during and after pregnancy, including gestational diabetes, preeclampsia, birth defects, and increased risk for thromboembolism and shoulder dystocia. Furthermore, it has been suggested that maternal obesity could predispose the unborn child to a higher risk for coronary artery disease later in life.

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Conjointly, several studies have shown that maternal obesity has a negative effect on the duration of breastfeeding and delayed lactogenesis. Rutishauser & Carlin reported a 50% risk of early termination of breastfeeding amongst mothers with BMI > 26 kg/m². A recent systematic review analyzed the effects of maternal obesity on duration of breastfeeding, initiation and intention to breastfeed. However, this systematic review incorporated prospective, retrospective, and other types of publications. Since prospective studies could identify a cause-effect association, the purpose of this study was to systematically review and evaluate only prospective studies that assessed the effect of maternal obesity on lactation.

Materials and methods

A systematic review was conducted from articles registered in Pubmed with the following search data: “obesity,” “maternal obesity,” “lactation” and “breastfeeding,” and published in English. For the purpose of this review, we included only prospective studies up to June 2010. Research studies were also identified from the reference lists of other articles, and the authors’ literature collection was hand-searched. Six hundred and fifty-three articles were found, only 14 of which were considered relevant. After removing duplicates, eight articles remained and three additional papers that were duplicates from previous studies were also eliminated. Four studies reported in other papers were also included. After careful selection, we excluded all studies based on data from previous trials, a total of nine studies remained relevant and they were analyzed in this systematic review.

Quality evaluation

The prospective studies were evaluated according to the following criteria: 1. Type of measurement (objective vs subjective) of delayed lactogenesis. 2. Measurement of duration of lactation. 3. Objective or reported weight and height for the calculation of BMI. 4. Use of Analysis of Relative Risk Ratio (RR), Odds Ratio (OR), or Hazard Ratio (HR). Each criterion was assigned cero points if it was not described and/or measured subjectively; one point was given if the criterion was described and measured objectively. The highest score a study could potentially achieve was four points, those studies with such score were considered of great quality.

Results

Most studies utilized the WHO definition of obesity: underweight < 18.50 kg/m², normal range 18.50-24.99 kg/m², overweight ≥ 25.00 kg/m², and obese ≥ 30.00 kg/m². A few studies used the United States Institute of Medicine definition of obesity: underweight/normal weight BMI < 26.1 kg/m², overweight BMI 26.1-29.0 kg/m², obese BMI > 29.0 kg/m². Table I shows the association between obesity and lactogenesis. The OR reported ranged from 1.1 to 6.1. One study measured prolactin concentrations immediately after suckling.

Table I: Prospective studies on the association of obesity and lactogenesis

<table>
<thead>
<tr>
<th>Reference</th>
<th>N</th>
<th>Age (years)</th>
<th>Follow-up (days)</th>
<th>Criteria</th>
<th>Results</th>
<th>QS</th>
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</table>
| Chapman & Pérez-Escamilla, USA, 2000 | 57 | 31.3 ± 4.3   | 3                | Ob (at least 2 out of the following): BMI ≥ 30 kg/m²; Subscapular folding ≥ 33.7 cm² at 85%ile; Heavy/Ob morphology | Delayed lactogenesis: ≥ 60 h pp
Ob = OR 6.14 (95% CI: 1.10-37.41, p = 0.05)
Maternal perception of milk transference ≥ 7.2 g/1 session. | 4  |
| Dewey, et al., USA, 2003    | 280| NA          | 7                | Ob/overweight ≥ > 27 kg/m²                                               | Delayed lactogenesis: 1.97 (95% CI: 0.29, 13.41, p = 0.49)              | 3  |
| Hilson, et al., USA, 2004   | 151| 19-45       | 5                | Normal weight: 26 kg/m² (RG) Overweight > 26 kg/m² Ob > 30 kg/m²         | Delayed Lactogenesis
Ob = OR: 1.1 (95% CI: 1.0-1.2, p = 0.07)                                   | 2  |
| **Rasmussen, et al., USA, 2004 | 34 | NA          | 7                | Normal weight: < 26 kg/m² (RG) Overweight/Ob: ≥ 26 kg/m²                 | Prolactin concentration after lactation/response to suckling:
Normal weight = 215.2 / 26.0 ng/ml
Overweight/Ob = 182.9/10.3 ng/ml (p < 0.0001)                               | 1  |
| Nommsen-Rivers et al., USA, 2010 | 405| NA          | 7                | Underweight or normal: < 25 kg/m² (RG) Overweight: 25.0-29.9 kg/m² Ob: > 30 kg/m² | Delayed lactogenesis:
Overweight = OR 1.84 (95% CI: 1.07-3.16, p = 0.001)
Ob = OR 2.21 (95% CI: 1.24-3.94, p = 0.0001)                               | 4  |
ately after lactation and after suckling. The normal weight mother had a higher concentration of prolactin in both circumstances.21 Another study evaluating delayed lactogenesis in obese mothers at 72 hrs. postpartum and seven days postpartum found that obese women had an OR of 2.11 and 2.58 respectively.19 Table II presents the association between obesity and duration of lactation. All the studies revealed that obese mothers have a shorter period of lactation than normal weight mothers. The study conducted by Oddly et al.,12 concluded that obese mothers who never breastfed had 1.56 odds of never breastfeeding, 1.98 odds of breastfeeding for less than two months, 1.97 odds of breastfeeding for less than four months and 1.68 odds of breastfeeding for less than six months.12 The study conducted by Baker et al.,22 determined that the relative risk of early termination of lactation ranged from 1.12 for overweight mothers to 1.39 for type III obese women.

### Discussion

#### Delayed lactogenesis

In this review we observed a consistent pattern of delayed lactogenesis in mothers with overweight or obesity. Although the results are consistent with those found in previous reviews23 and in studies conducted on obese women with diabetes,24 this study adds to the literature by only including prospective studies and showing that the highest quality score studies demonstrate a higher risk of delayed lactogenesis among women with obesity.

The results could be explained by the lower prolactin concentration showed in obese mothers at rest and after suckling. Another study evaluating delayed lactogenesis in obese mothers at 72 hrs, postpartum and seven days postpartum found that obese women had an OR of 2.11 and 2.58 respectively.19 Table II presents the association between obesity and duration of lactation. All the studies revealed that obese mothers have a shorter period of lactation than normal weight mothers. The study conducted by Oddly et al.,12 concluded that obese mothers who never breastfed had 1.56 odds of never breastfeeding, 1.98 odds of breastfeeding for less than two months, 1.97 odds of breastfeeding for less than four months and 1.68 odds of breastfeeding for less than six months.12 The study conducted by Baker et al.,22 determined that the relative risk of early termination of lactation ranged from 1.12 for overweight mothers to 1.39 for type III obese women.

#### Duration of lactation

This review showed a consistent pattern of reduced lactation among mothers with overweight or...
obesity. The four prospective studies, including the two with the highest quantitative scores, show that obese mothers breastfeed for a shorter period of time when compared to non-obese mothers. Obesity poses several socio-cultural aspects that have been observed and associated with shorter lactation periods. It has been suggested that obese women might be part of social groups that are linked with higher risk of shorter lactation time, and they also have negative attitudes towards breastfeeding. This may be due to problems with self-image and with being uncomfortable with breastfeeding in public. Additionally, post-partum depression is more common among obese mothers, which is also associated with reduced lactation.

When comparing these results with the findings of Amir et al., we observed the mix of various types of studies included in their tables, which could potentially hinder or bias the results stated therein. Yet, the prospective studies that they analyzed show that there are statistically significant findings, suggesting a link between a higher BMI and lower duration of breastfeeding and a delay in lactogenesis.

In conclusion, this review shows that, in prospective studies, maternal obesity is consistently associated to delayed lactogenesis and reduced lactation and thus, reinforcing the fact that weight control before, during, and after pregnancy should be an objective of prenatal control. Additionally, these results also indicate the importance of emphasizing the promotion of breastfeeding among obese women during pregnancy.

References